# CONTRACT AMENDMENT A

This CONTRACT AMENDMENT is made and entered into between SALISH BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION, through Kitsap County, as its administrative entity, a political subdivision of the State of Washington, with its principal offices at 614 Division Street, Port Orchard, Washington 98366, hereinafter "SBHASO", and Olalla Recovery Center, Inc., hereinafter "CONTRACTOR."

In consideration of the mutual benefits and covenants contained herein, the parties agree that their Contract, numbered as Kitsap County Contract No. KC-300-23, and executed on July 19, 2023 shall be amended as follows:

- 1. **Page 1: Contract Term** is amended as follows: July 1, 2023 December 31, 2024.
- 2. **Page 1: Amount** is amended as follows: \$25,250
- 3. Attachment B1: Statement of Work- Transportation Support
- 4. Attachment C: Budget is deleted entirely and replaced as attached.
- 5. If this Contract Amendment extends the expiration date of the Contract, then the Contractor shall provide an updated certificate of insurance evidencing that any required insurance coverages are in effect through the new contract expiration date. The Contractor shall submit the certificate of insurance to:

Program Lead, Salish Behavioral Health Administrative Services Organization Kitsap County Department of Human Services 614 Division Street, MS-23 Port Orchard, WA 98366

Upon receipt, the Human Services Department will ensure the submission of all insurance documentation to the Risk Management Division, Kitsap County Department of Administrative Services.

6. Except as expressly provided in this Contract Amendment, all other terms and conditions of the original Contract, and any subsequent amendments, addenda or modifications thereto, remain in full force and effect.

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This amendment shall be effective January 1, 2024.

SALISH BEHAVIORAL HEALTH
ADMINISTRATIVE SERVICES
ORGANIZATION, By
KITSAP COUNTY BOARD OF

COMMISSIONERS, Its Administrative

Entity/

Doug Washburn, Human Services

Director

DATE

11/9/25

CONTRACTOR:
Olalla Recovery Center, Inc.

Name: Christine Lynch
Title: Executive Director

I attest that I have the authority to sign this contract on behalf of Olalla Recover Center, Inc.

11/8/2023

DATE

#### ATTACHMENT B-1: STATEMENT OF WORK- TRANSPORTATION SUPPORT

The Contractor may provide transportation support to individuals to and from treatment related events including support and recovery focused activities.

## **Eligibility**

- A. Individuals who do not qualify for Medicaid.
- B. Individuals on Medicaid who cannot access Medicaid transportation services.
  - Must include client specific documentation of attempt to use Medicaid transportation <u>and</u> denial of services or reason the individual is unable to access Medicaid funded transportation services.
- C. Drivers must have:
  - A valid driver's license.
  - ii. Active insurance.

#### **Independent Transportation Agencies**

Independent transportation agencies must ensure any provider including transportation network companies and individual drivers meet specific minimum requirements.

Those minimum requirements are:

- A. Each provider or individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the U.S. Department of Health and Human Services.
- B. Each such provider has in place a process to address any violation of a state drug law.
- C. Each such provider has in place a process to disclose to the SBH-ASO the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

#### Vehicle Purchase

Funds provided for vehicle purchases may be used for the following purposes:

- A. Purchasing a vehicle to be used in the delivery of behavioral health services.
- B. Purchasing and/or installation of additional safety/security equipment for vehicle
- C. Purchasing a vehicle maintenance plan or maintenance services.

#### **Documentation**

Documentation must be submitted with invoices for reimbursement:

- 1. SBHASO Transportation Tracker
- 2. Receipts or mileage log

### ATTACHMENT C: BUDGET

Budget Summary					
Contractor: Olalla Recovery Centers			10		
Contract No:	KC-300-23				
Contract Period:	07/01/23 - 12/31/24				
Expenditure	Previous	Changes this Contract	Current		
Period 1: 07/01/23 - 12/31/23					
SUD Intensive Inpatient Treatment- Co-Occurring, \$425 per day (SABG) CDFA# 93.959	10,500.00	0.00	10,500.00		
Period 1 Budget Total	10,500.00	0.00	10,500.00		
Period 2: 01/01/24 - 12/31/24					
SUD Intensive Inpatient Treatment- Co-Occurring, \$475 per day per authorized individual (SABG) CDFA# 93.959	0.00	14,250.00	14,250.00		
Transportation Support, cost reimbursement (SABG)	0.00	500.00	500.00		
Period 2 Budget Total	0.00	14,750.00	14,750.00		
Contract Total	10,500.00	14,750.00	25,250.00		

All rates are all-inclusive.



CMILLIGAN

ACORD\*

### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

If SUBROGATION IS WAIVED, subject this certificate does not confer rights to					require an endorseme	nt. A statemen	nt on	
PRODUCER			CONTACT NAME:					
1			PHONE (A/C, No, Ext): (253) 756-2000 FAX (A/C, No): (253) 756-5336					
Pilkey, Hopping & Ekberg, Inc 2102 N Pearl St, Ste 102 Tacoma, WA 98406			E-MAIL ADDRESS: insura	nce@pheins		(233) 730-33	30	
				INSURER(S) AFFO	RDING COVERAGE	NAI	IC#	
			INSURER A : ACE American Insurance Co.				,	
INSURED			INSURER B :					
Olalla Recovery Centers		INSURER C:						
Christine Lynch			INSURER D :					
12850 S.E. Lala Cove Lane Olalla, WA 98359			INSURER E :					
Olalia, WA 30333			INSURER F:					
COVERAGES CER	TIEICATI	E NUMBER:	INSURENT.		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES OF INS EQUIREM PERTAIN POLICIES	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF ANY CONT DED BY THE PO	RACT OR OTHEI LICIES DESCRIE	RED NAMED ABOVE FOR R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO WHICH	THIS	
INSR LTR TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EI (MM/DD/YY	F POLICY EXP (MM/DD/YYYY)	LIMI	TS		
A X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,0	000,000	
CLAIMS-MADE X OCCUR		SVRD37799890 008	10/12/20	23 10/12/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>D</b>	300,000 10,000	
					MED EXP (Any one person)	<b>3</b>	000,000	
					PERSONAL & ADV INJURY	<b>D</b>		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	φ	000,000	
X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ 3,0	000,000	
OTHER:					COMBINED SINGLE LIMIT	\$		
AUTOMOBILE LIABILITY					(Ea accident)	\$		
ANY AUTO					BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident	\$		
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
						\$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
DED RETENTION \$						\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER			
					E.L. EACH ACCIDENT	\$		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYE			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT			
A Professional Liabili		OGL G25498768 008	10/12/20	23 10/12/2024	E.E. DIGEAGE -1 OLIGI EIMIT		000,000	
							·	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Evidence of Insurance	LES (ACOR	D 101, Additional Remarks Sched	ule, may be attached if	more space is requi	red)			
CERTIFICATE HOLDER			CANCELLATIO	ON				
Evidence of Insurance			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			AUTHORIZED REPR	ESENTATIVE				

# Exclusions Search Results: Entities 9

No Results were found for

· Olalla Recovery Center, Inc

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

Search Again

Search conducted 10/24/2023 12:38:22 PM EST on OIG LEIE Exclusions database. Source data updated on 10/10/2023 8:00:00 AM EST

Return to Search